

Recommendations of the Maternal Mortality Review Stakeholder Group

Additions to the recommendations in the Maternal Mortality Review 2018 Annual Report:

- Screening for behavioral health risks (substance use disorder, mental health issues, intimate partner violence) should be done at least every trimester during pregnancy and postpartum, or ideally at every visit.
- Increase provider awareness of the interrelatedness of these behavioral health risks. If a pregnant woman screens positive for any one risk, the others should be screened for.
- Expand the Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) program to include screening and referral for perinatal mental health disorders. This could be accomplished either by providing maternal screening at pediatric visits, or by developing a parallel program of mental health consultation and support for obstetricians caring for pregnant and postpartum women.

Recommendations to improve maternal care and reduce maternal morbidity and mortality:

- Increase health care provider awareness and adoption of the American College of Obstetricians and Gynecologists (ACOG) recommendations for optimizing postpartum care as outlined in the May 2018 ACOG Committee Opinion statement.
- Improve completion of the Medicaid Pregnancy Risk Assessment (PRA) form. Make the form electronic statewide for ease of completion and to allow data analysis.
- Review preventability of the leading causes of maternal death to identify what factors most commonly were identified that potentially could have prevented the death to better direct education and prevention efforts.

Recommendations to address disparities in maternal mortality:

- Assure that the team conducting maternal mortality reviews is diverse and includes representation of community groups that directly serve minority and low-income women and families.
- Since homicide is a leading cause of pregnancy-related death among Black women, include community groups addressing intimate partner violence prevention and support in the review process.
- Include data on maternal insurance coverage (Medicaid vs. private insurance) for maternal death cases.
- Look at risk factors, such as pre-existing medical conditions and social risk factors, by race among maternal death cases.